

Survey of the use of homoeopathic medicine in the UK health system

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SUMMARY. *An analysis of 7218 consultations showed that homoeopathic medicines are being used to treat a wide range of morbidity in the United Kingdom. The data were derived from all consecutive consultations during one week by 73 doctors who used homoeopathic medicine. Of these consultations 88% were conducted as part of the National Health Service (the majority in general practice). Thirty five per cent overall and 25% of general practice consultations were managed using homoeopathic medicines, and these were combined with conventional drugs in 8.5% of the prescriptions.*

Introduction

HOMOEOPATHIC medicine has been available in the National Health Service since 1948, but little is recorded about its clinical scope and potential application. In the past the subject has been inadequately researched but the recent increase in interest in homoeopathy by patients and professionals has been paralleled by a growing momentum towards effective research into the nature of the homoeopathic stimulus and the physiological response to it, as well as its clinical application. The range of these activities is reviewed in a recent paper by Reilly¹ whose own double blind trial of a homoeopathic 'potency' broke new ground.²

An essential part of this endeavour is a systematic examination of the use of homoeopathic medicines in everyday practice. To begin the process of audit as a basis for research and clinical development, the Faculty of Homoeopathy has established a data collection programme which has been active for two years. This paper reports results from the phase of the programme designed to test the data collection method and to examine the homoeopathic component of doctors' clinical activity. There have been two previous surveys of homoeopathic practice of this kind, one a more limited study of homoeopathic prescribing in general,³ the other confined exclusively to outpatient practice,⁴ and dealing with demographic factors and access to treatment only.

Method

A questionnaire designed to provide a contemporary profile of doctors practising homoeopathic medicine in the UK was sent to 600 doctors, comprising members and associates of the Faculty of Homoeopathy, and others who had attended courses in homoeopathic medicine. Information was sought about their qualifications and experience (year of medical qualification and year of first study of homoeopathy), practice setting (general practice or hospital, National Health Service or private practice), special interests in medicine (conventional and unconventional), reasons for adopting homoeopathic medicines and frequency of use of homoeopathy (occasionally, regularly or full time). General practitioners were asked about their practice size

and their partners' attitudes to their use of homoeopathic medicine (largely positive, occasionally negative, sometimes indifferent).⁵ The 184 doctors who replied are referred to as the doctor profile group.

One hundred and thirty two of this group were willing to take part in research and at the beginning of 1987 they were briefed for a study of their prescribing over one week during February and March. Seventy three doctors eventually contributed, the majority collecting data from all consecutive consultations during the week beginning 2 February 1987. This sub-sample is referred to as the study group.

Data sheets were completed by the doctors, showing the date and setting of each consultation (hospital outpatient, hospital inpatient, general practice or private practice), the coded identity, age and sex of all patients who received a homoeopathic prescription, the type of episode and contact (face to face, indirect), the name of the homoeopathic medicine and any conventional prescription combined with it, and the diagnosis or diagnoses for which it was given. Consultations which did not involve a homoeopathic prescription were identified but data was not required for these. Consultations in which a homoeopathic prescription could have been appropriate but in which no prescription was given were marked 'none' and those in which the response to a previous homoeopathic prescription was being observed and no further prescription was given were marked 'wait'. The Royal College of General Practitioners' classification was used to allocate codes to the doctors' diagnoses at the time of data entry.

Results

Doctors

Many of the 184 doctors in the profile group (27%) practised homoeopathy in more than one setting. The overall distribution of the 73 doctors in the study group showed 49 (67%) working in general practice (33 exclusively), 34 (47%) in private practice (16 exclusively), and 15 (21%) in outpatient clinics (four exclusively). Only three doctors recorded inpatient consultations. The characteristics of the doctors in the study group were broadly similar to the whole profile group.

The profile group had a mean of 12 years experience in conventional medicine (range three to 50 years), and their experience of homoeopathy varied greatly, from a few reaching the end of a medical career of which it had always been a part to some who were in their first year of study. For 60% of the doctors an interest in homoeopathy had been stimulated by their good experience of the results of homoeopathic treatment. The decision to practise homoeopathy had been due to a desire to enhance the scope of their therapeutic repertoire for 46% of doctors and by anxiety about the hazards of conventional medicines for 27%. For the study group doctors the year of first study of homoeopathy is contrasted with the year of qualification in Table 1 and shows that the majority of doctors had adopted homoeopathic medicine only since 1980. The study group were generally more experienced in both conventional and homoeopathic practice than the profile group. At the time of the survey 48% of the profile group were qualified as Members of the Faculty of Homoeopathy (MFHom).

The frequency of use of homoeopathy in the study group varied from the beginner who used it once a week to two highly

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Table 1. Experience in conventional and homoeopathic medicine for the study group of doctors.

Year	Conventional qualification obtained (%) (n = 71)	First study of homoeopathy (%) (n = 71)
Before 1970	59.2	15.5
1970-79	39.4	29.6
1980 onwards	1.4	54.9

n = total number of doctors.

experienced general practitioners who gave homoeopathic prescriptions in 80% of surgery consultations. The frequency of homoeopathic prescribing by the doctors working in each setting is shown in Table 2.

Of the 47 general practitioners in the study group only seven were single-handed. The mean size of the partnership was 3.9 (compared with 3.3 for the whole profile group). For the 109 general practitioners in the profile group their partners' attitudes to their use of homoeopathy were reported as largely positive by 62.1%, occasionally negative by 25.5% and sometimes indifferent by 12.4%.

Patients

A total of 7218 consultations were given by the whole cohort of 73 doctors in their week of recording (88% as part of the National Health Service). Of these consultations 2507 (35%) yielded homoeopathic prescriptions, of which 133 were repeat consultations during the same week. For the 5620 consultations in general practice 1385 (25%) yielded homoeopathic prescriptions. The distribution of the 2507 consultations yielding

Table 2. Frequency of use of homoeopathy in different settings by the study group of doctors.

Setting	Use of homoeopathy		
	Occasional (%)	Regular (%)	Full time (%)
General practice (n = 49)	30.3	56.6	13.1
Hospital outpatient (n = 15)	20.9	41.8	37.2
Private practice (n = 34)	2.9	47.1	50.0

Table 3. Consultations yielding homoeopathic prescriptions in hospital and general practice by age and sex of study patients compared with data for consultations in UK general practice (from third national morbidity survey).

Age (years)	Consultations yielding homoeopathic prescriptions				Consultations in UK general practice			
	Total (%) (n = 2507)	Females (%) (n = 1705)	Males (%) (n = 802)	Ratio of number of F:M	Total (%)	Females (%)	Males (%)	Ratio of number of F:M
0-4	9.2	6.1	15.7	0.84	9.9	7.6	13.3	0.88
5-14	14.6	10.9	22.3	1.05	11.4	9.4	14.6	0.99
15-24	5.8	5.8	5.3	2.34	14.6	16.3	12.0	2.10
25-44	26.4	29.2	18.7	3.32	26.9	29.4	23.0	1.97
45-64	25.1	26.4	20.9	2.70	19.6	19.0	20.5	1.43
65+	18.5	21.5	17.1	2.86	17.1	18.2	16.5	1.70

n = total number of consultations, excluding those when patient's age was not known.

homoeopathic prescriptions according to the setting in which they occurred was: general practice 54.4%, hospital outpatients 12.3%, hospital inpatients 1.3%, private practice 32.0%.

Consultations yielding homoeopathic prescriptions by age and sex of patient are shown in Table 3. Homoeopathy was used for all ages and sexes, with a preponderance of boys in the younger age groups, and of women in the other age groups. The ratio of women to men was two to three-fold overall and 3.4 to 1 for mental disorders. To identify differences between homoeopathic and other consultations Table 3 compares these figures with data from the third national morbidity study on consultations in general practice. This reveals that the proportion of older women treated with homoeopathy is greater than the proportion that consult in routine general practice.⁶

Illnesses

A total of 634 different diagnoses, as represented by separate RCGP codes, were treated with homoeopathic prescriptions. Table 4 shows the breakdown of these by major diagnostic groups and by setting, again compared with national morbidity survey data. There was an overall preponderance of respiratory disorder, which was probably raised at this time of year (February) in general practice. The outpatient clinics saw a higher proportion of the arthritic, skin, neurological and cardiovascular conditions. Psychological illness accounted for the highest proportion of problems seen in private practice. A more detailed breakdown of some of these diagnoses is shown in Table 5. The mean number of diagnoses per patient was 1.2.

Medicines

Three thousand and thirty two homoeopathic prescriptions were recorded, representing 278 different medicines of which 14 (5%) accounted for 37.5% of the total number of prescriptions. Because homoeopathic prescriptions are based on the recognition of a pattern of symptoms and pathology encompassing the whole state of the patient, and are rarely chosen for one specific syndrome, a single medicine may often be used to treat more than one diagnosis in the same patient, for example asthma and eczema. Similarly, different patients with the same diagnosis may require a number of different medicines. The versatility of these medicines is exemplified by the fact that the most commonly used medicine, pulsatilla, was prescribed for problems in 17 different diagnostic groups. The specificity of the medicines to the patient rather than the diagnosis is illustrated by the use of 18 different medicines in hypertension, 29 in eczema, 23 in anxiety, and 25 in rheumatoid arthritis. One hundred and fourteen

Table 4. Diagnoses for study patients receiving homoeopathic treatment by diagnostic groups and setting compared with data for consultations in UK general practice (from third national morbidity survey).

Diagnostic group ^a	Setting where diagnosis made for patients treated with homoeopathy (%)					Consultations in UK general practice (%)
	Total (n = 2917)	Out-patients (n = 373)	In-patients (n = 50)	Private practice (n = 998)	General practice (n = 1496)	
Respiratory	19.1	13.7	24.0	14.9	23.1	16.4
Musculoskeletal	12.2	23.9	16.0	10.1	10.6	8.1
Mental disorders	10.8	7.8	2.0	18.1	7.0	5.2
Ill defined conditions	9.4	6.7	6.0	4.6	13.3	9.7
Injury	5.1	1.6	—	3.0	7.6	6.9
Skin	8.1	14.5	4.0	11.6	4.2	7.2
Digestive system	5.6	4.3	4.0	7.8	4.5	4.4
Infectious	5.2	1.1	—	2.9	8.0	7.1
Ear	2.9	2.4	2.0	2.7	3.3	—
Eye	1.3	0.3	6.0	1.4	1.4	—
Nervous system	3.1	6.7	6.0	4.1	1.5	—
Nervous system and sense organs	—	—	—	—	6.2	8.6
Genitourinary	5.0	4.0	—	6.4	4.5	5.3
Neoplasms	1.8	4.8	22.0	2.1	0.1	0.8
Cardiovascular	2.7	5.4	4.0	3.3	1.7	—
Peripheral vascular	1.3	1.0	—	1.1	1.5	—
Circulatory	—	—	—	—	3.2	5.2
Reproductive, child health, pregnancy and perinatal	1.4	—	—	0.3	0.3	0.7
Endocrine and nutritional	1.2	1.3	2.0	2.2	0.5	1.8

n = total number of diagnoses. ^aExcluding other categories such as cerebrovascular, congenital, social, post-operative care, illegible responses.

medicines were prescribed only once during the week. Some of the homoeopathic prescriptions (8.5%) were combined with a conventional drug.

Discussion

This study reveals that homoeopathic medicine is used within the NHS for a wide range of morbidity and for patients of all ages. It is difficult to extrapolate from these figures to give a picture of the full extent of homoeopathic prescribing by doctors in the UK. The study doctors represented about 11% of the doctors actively using homoeopathic medicine. Allowing for the differences in level of use of homoeopathy between this group and the profile group of doctors, it is possible to make a conservative estimate of three quarters of a million consultations a year by doctors in the UK yielding homoeopathic prescriptions.

The study reveals nothing about the efficacy of homoeopathic medicines but it is intended that it should pave the way for such studies. It will help to define clinical areas where valid measures of outcome may be made and which are treated sufficiently often by homoeopathic prescribers of sufficient experience to yield the data necessary for valid results. This is one of the most important objects of the exercise, and will complement existing and continuing research into the principles and application of homoeopathy in biological science,⁷⁻¹⁰ clinical practice,^{2,11-14} and veterinary practice.¹⁵⁻¹⁸

At the same time this study serves to highlight some of the difficulties in researching the use of homoeopathic medicines; for example, the fact that a single medicine can be used in a variety of syndromes, and that any one syndrome may require a variety of medicines in different patients. The corollary of this is that the better a doctor's knowledge of *materia medica*, the

better his chances of selecting the appropriate medicine. Hence trials become a trial of the prescriber as well as a trial of the prescription.

Despite recent controversies surrounding scientific investigation of homoeopathy these results demonstrate that homoeopathy is already established as a relevant therapy in general practice, with a complementary role as a specialist discipline in many chronic and seriously debilitating or disabling conditions. A survey in one region has shown that some 45% of general practitioners consider it a useful therapy.¹⁹ It is freely available on an FP10 prescription but only some 15% of general practitioners report any working knowledge of the subject.²⁰ Patients are now waiting up to eight months for new outpatient appointments at Bristol Homoeopathic Hospital, where homoeopathic medicine is provided as a regional specialty to a catchment area from Oxford to Milford Haven and Coventry to Penzance. There are five other regional clinics providing a similarly inadequate service. In the light of this scarcity of clinical resources within the health service, the figures given here showing the extent to which private practice satisfies the unmet demand for this form of treatment should cause no surprise. What is not revealed is the proportion of patients, almost certainly far greater, who are driven to seek the help of practitioners who, however great their knowledge of homoeopathy, are not medically qualified, and form no part of the primary care network.

Homoeopathy will attract continuing public, professional and political discussion. The audit presented here provides essential raw material for this. A figure of more than three quarters of a million consultations a year involving homoeopathic treatment represents a level of clinical activity that needs to be taken seriously and examined carefully.

Table 5. Selected details of diagnoses for study patients receiving homoeopathic treatment according to setting.

Diagnosis	Setting where diagnosis made for patients treated with homoeopathy (no. of diagnoses)				
	Total	Out-patients	In-patients	Private practice	General practice
<i>All conditions</i>	2917	373	50	998	1496
<i>All respiratory disorders</i>	557	51	12	149	345
Cough, cold, catarrh, pharyngitis, URTI	318	11	1	65	241
Asthma	84	24	2	32	26
Laryngitis, tracheitis, bronchitis, chest infection	67	3	7	15	42
<i>All mental disorders</i>	315	29	1	181	104
Anxiety states	83	13	0	53	17
Phobic states	10	0	0	10	0
Sleep problems	32	2	0	14	16
Reactive depression	68	7	0	40	21
Anxiety depression	13	0	0	7	6
Bereavement/grief	14	1	0	7	6
Psychotic illness	8	0	0	5	3
<i>All musculoskeletal disorders</i>	357	89	8	101	159
Osteoarthritis and cervical spondylosis	84	25	1	29	29
Rheumatoid arthritis	54	27	3	13	11
Arthropathy	28	3	0	17	8
Joint pain	33	4	0	8	21
Back pain	52	15	0	13	24
<i>All skin disorders</i>	235	54	3	116	63
Eczema, dermatitis	107	31	2	52	22
Psoriasis	23	4	0	14	5
<i>All gynaecological disorders</i>	113	10	0	53	50
Dysfunctional bleeding	19	1	0	5	13
Menopause	20	1	0	8	11
Premenstrual syndrome	33	7	0	16	10
Dysmenorrhoea	9	0	0	7	2
<i>All digestive system disorders</i>	123	16	2	38	67
Peptic ulcer, gastritis, dyspepsia	30	2	0	13	15
Chron's, colitis	14	2	2	8	2
Irritable bowel	33	5	0	18	10
<i>Symptoms, signs and ill-defined conditions</i>					
Fatigue syndromes	49	6	1	18	24
<i>All nervous system disorders</i>	91	25	3	41	22
Migraine	43	10	0	22	11
Multiple sclerosis	13	4	0	7	2
<i>All cardiovascular disorders</i>	80	20	2	33	25
Hypertension	44	10	2	21	11

URTI = upper respiratory tract infection.

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All doctors who were principals in general practice and whose names were included in the Medical List before 15 February 1981 are reminded that they are currently exempt from the requirement to hold a Certificate of Prescribed/Equivalent Experience from the Joint Committee on Postgraduate Training for General Practice, should they wish to enter general practice in the National Health Service.

This option to re-enter general practice as a principal without a Certificate expires on 15 February 1990, and a practitioner who wishes to re-enter general practice in the NHS after this date will be required to apply for a Certificate from the Joint Committee. Any application made before or after 15 February 1990 may result in a recommendation for further training before a Certificate can be issued.

This notice has been issued by: The Joint Committee on Postgraduate Training for General Practice, 14 Princes Gate, London SW7 1PU.